

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	2		/				58						
9	2		/				59						
10	2		/				60						
11	2		/				61						
12	2		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18	4		/				68						
19	2		/				69						
20			/				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			116				TOTAL DEP.						
TOTAL CLAIMS			119				TOTAL CLAIMS						

Best Available Copy